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CONFIRMATION NO. 8454

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/026,290	<b>FILING OR 371(c) DATE</b> 12/20/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 41482/269109
<b>APPLICANTS</b> Roger J. Talish, Hillsborough, NJ; John P. Ryaby, Essex Falls, NJ; Emery Rose, Astoria, NY; Alan A. Winder, Westport, CT; Kenneth Urgovitch SR., Clifton, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/436,999 11/09/1999 PAT 6,355,006 which is a CIP of PCT/US98/02447 02/06/1998 which claims benefit of 60/037,367 02/06/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/05/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 30559				
<b>TITLE</b> Method and apparatus for cartilage growth stimulation				
<b>FILING FEE RECEIVED</b> 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	